

REQUEST FOR QUOTATIONS (THIS IS NOT AN ORDER)		THIS RFQ <input type="checkbox"/> IS <input checked="" type="checkbox"/> IS NOT A SMALL BUSINESS-SMALL PURCHASE SET-ASIDE (52.219-4)		PAGE <u>1</u> OF <u>1</u> PAGES	
1. REQUEST NO. RFQ NLM 05-066-CYC		2. DATE ISSUED 04/01/05	3. REQUISITION/PURCHASE REQUEST NO. QEQ50015	4. CERT. FOR NAT. DEF. UNDER BDSA REG.2 AND/OR DMS REG.1 ▶	RATING
5A. ISSUED BY National Library of Medicine Office of Acquisitions Management 8600 Rockville Pike, Bldg. 38A, Rm. B1N20 Rockville, Maryland 20894				6. DELIVER BY (Date)	
				7. DELIVERY <input type="checkbox"/> FOB DESTINATION <input type="checkbox"/> OTHER (See Schedule)	
5B. FOR INFORMATION CALL: (Name and telephone no.) (No collect calls) Cara Y. Calimano (301)496-6127 CC436E@NIH.GOV				9. DESTINATION (Consignee and address, including ZIP Code)	
8. TO: NAME AND ADDRESS, INCLUDING ZIP CODE					
10. PLEASE FURNISH QUOTATIONS TO THE ISSUING OFFICE ON OR BEFORE CLOSE OF BUSINESS (Date) 06/17/05 2:00 P.M.		11. BUSINESS CLASSIFICATION (Check appropriate boxes) a. STANDARD INDUSTRIAL CLASSIFICATION CODE _____ b. SMALL BUSINESS SIZE STANDARD _____ <input type="checkbox"/> SMALL <input type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DISADVANTAGED <input type="checkbox"/> WOMEN-OWNED			
IMPORTANT: This is a request for information, and quotations furnished are not offers. If you are unable to quote, please so indicate on this form and return it to the address in Block 5A. This request does not commit the Government to pay any costs incurred in the preparation of the submission of this quotation or to contract for supplies or services. Supplies are of domestic origin unless otherwise indicated by quoter. Any representations and/or certifications attached to this Request for Quotations must be completed by the quoter.					
12. SCHEDULE (Include applicable Federal, State and local taxes)					
ITEM NO. (a)	SUPPLIES/SERVICES (b)	QUANTITY (c)	UNIT (d)	UNIT PRICE (e)	AMOUNT (f)
	PROFESSIONAL SERVICES: It is the intent of the National Library of Medicine to procure services to design and conduct projects that will improve access to HIV/AIDS-related information by patients, the affected community, and their care givers. PERIOD OF PERFORMANCE: 09/30/05 - 03/31/07 See Attached Statement of Work				
13. DISCOUNT FOR PROMPT PAYMENT ▶		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
NOTE: Additional provisions and representations <input checked="" type="checkbox"/> are <input type="checkbox"/> are not attached.					
14. NAME AND ADDRESS OF QUOTER (Street, city, county, State and ZIP Code)			15. SIGNATURE OF PERSON AUTHORIZED TO SIGN QUOTATION		16. DATE OF QUOTATION
			17. NAME AND TITLE OF SIGNER (Type or print)		18. TELEPHONE NO. (Include area code)

